Commerce Control Number:		WAIVER Rental Unit Energy							
Type or print using black ink Personal information you provide may be used for secondary purpose			Efficiency Standards ses [Privacy Law s. 15.04(1)(m)]						
	ce does not discriminate on the erial interpreted or in a different 77.					nt.			
Seller's Name(s):				al Building Location - Street Address:					
Seller's Street Address:		City:	County:		unty:				
City: State: Zip		Zip Code:		per of rental ings on this erty:	Number of rental units in building:				
Seller's Telephone Number									
Legal Description of Rental	Unit Property (You may attach	a separate she	et):			Return ⁻	Го:		
PARCEL IDENTIFICATION NUMBER (PIN):									
must then be submitted to the directed to (608) 267-2240. check payable to the Wis. D	ne Department of Commerce of	r to a Commerc ent in your area ted Waiver will h	e agent i, send th	for validation. A list he Waiver and a non	of these agents is a refundable \$50 fili	available by cang	alling (608) 267-440 t send cash) to the a	ould be filled in below. The Waiver 05. General questions should be address listed below.* Make the "Return To" block above.	
This document is valid on Stipulation or Waiver is cur for this property.	WA	VAIVER AGREEMENT			•	Fiscal Code: 7646			
In lieu of meeting the Rental shall occur within two years		. Upon demoli	tion, Í (v	ve) shall notify the	Wis. Dept. of Com			bove described property. Demolition low of the date of demolition of the	
Print Buyer's Name(s):			Buyer's Signature(s):				Date Signed:		
Buyer's Street Address:			Buyer's City, State, and Zip Code:				Buyer's Teler	ohone Number (including area code):	
Validated by: ☐ Department of Commerce ☐ Commerce Agent Auth or Tax Rev #:			Date Validated:		Commerce Transfer Authorization Number:				
Official's Signature:			Expiration Date (tw date validated):		wo years from	W		Place Commerce Transfer Authorization Number Stamp here	
Print Official's Name: Official		Official's Title	ial's Title:		Municipality and	County:			
TRANSFER OF WAIVER	certified in compliance with Co	mm 67, the new esponsibility to	w buyer i	must sign below and	I forward a copy of	this document	t to Commerce at th	ding(s) has been demolished or ne address listed below.* By signing perty after the expiration date is not	
Print New Buyer's Name(s):				New Buyer's Signature(s):				Date Signed:	
New Buyer's Street Address:			New Buyer's City, State and Zip Code:				New Buyer's Tele	phone Number (including area code):	
TRANSFER OF WAIVER	certified in compliance with Co	mm 67, the new esponsibility to	w buyer i	must sign below and	I forward a copy of	this document	t to Commerce at th	ding(s) has been demolished or ne address below.* By signing perty after the expiration date is not	
Print New Buyer's Name(s):			New Buyer's Signature(s):					Date Signed:	
New Buyer's Street Address	Nev	w Buyer'	uyer's City, State and Zip Code:			New Buyer's Tele	I phone Number (including area code):		

*This instrument was drafted by: Wisconsin Department of Commerce, Rental Weatherization Program, PO Box 7302, Madison, WI 53707-7302 SBD-7116 (R-02/06)

Telephone: (608) 267-2240